HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

PUERTO RICO

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

Title V Federal-State Partnership – Puerto Rico

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (https://mchb.tvisdata.hrsa.gov)

State Contacts

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Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	$13,109,284
State MCH Funds	$12,240,731
Local MCH Funds	$0
Other Funds	$0
Program Income	$213,635

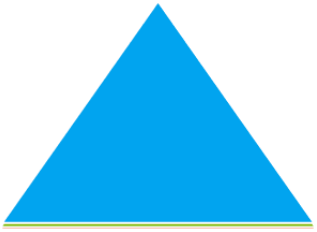
FY 2014 Expenditures

Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$1,607,439	$12,276,204
Enabling Services	$6,909,901	$114,659
Public Health Services and Systems	$4,591,944	$23,126

FY 2014 Expenditures Federal

FY 2014 Expenditures Non-Federal



Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	53,107	$4,574,945	18.8%
Infants < 1 Year	88,722	$4,574,946	18.8%
Children 1-22 Years	560,241	$10,148,319	41.7%
CSHCN	14,192	$5,040,072	20.7%
Others *	32,487	$0	0.0%
Total	748,749	$24,338,282	100%

*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

FY 2014 Expenditures

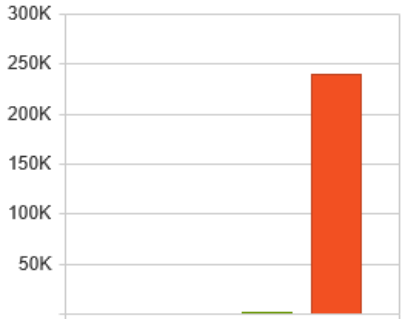
FY 2014 Individuals Served

Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 3	Risk-Appropriate Perinatal Care	Perinatal/Infant Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 8	Physical Activity	Child Health, Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 12	Transition	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	529
State MCH Toll-Free Calls:	1,125
Other Toll-Free Calls:	239,628



Executive Summary

The Title V Program in Puerto Rico operates within the Department of Health and is housed in the Maternal, Child and Adolescent Health Division (Component A & B) and the Children with Special Medical Needs Division (Component C). The MCAH Program plays the lead role in all health issues of the MCA population and throughout the years has become an active advocate for changes that have impacted improved care delivery and influenced priorities in other programs.

The MCAH Program has continuously assessed – through quantitative and qualitative methods - MCA population needs, strengths, and the resources available to enhance the health status of the target population over time.

A diversity of stakeholders of various competencies and/or experiences was consulted throughout this process: 1) Families that participate in the Home Visiting Program Participants' Committees and other groups; 2) Adolescents that participate in MCAH Youth Health Promoters Project and/or activities; 3) Women participants of a survey carried out in the HRSA Funded Health Centers; 4) Physicians/pediatricians that attended the Annual Convention of the PR College of Physicians and Surgeons; 5) Members of MCAH Program Regional Boards (representatives of government agencies, community based organizations and community members); 6) MCAH staff and other stakeholders within and beyond the DOH.

Stakeholders participated in this process through surveys, health and life course dialogues and interviews. Their input was critical to achieve a comprehensive understanding of health-related issues, service needs and barriers, and the overall system capacity. Stakeholders also provided recommendations regarding the actions that need to be taken to promote the health and well-being of MCA populations. Most importantly, their input served as the basis for identifying and narrowing priorities, assessing resources and determining the best strategies to meet the identified needs.

There were 73 potential priority needs identified and narrowed to ten priorities using quantitative and qualitative analysis for the following criteria: MCAH agency capacity, collaborative networks, state priorities and data availability. As a result of these procedures, MCAH Program selected five priorities.

The five main priority needs selected for this next cycle cover all population domains and encompass a wider range including past priorities and the merging of more than one of the original needs identified. Based on the main merge priorities, the NPMs and SPMs linked to them were selected and developed. Also the CSHCN Program selected the following priorities as they represent challenging outcomes that reflect the DOH's commitment to "moving the needle" on some of the most fundamental CSHCN needs.

DOMAIN	PRIORITIES 2015	NPM & SPM
Women/maternal health	Improve WRA health and wellbeing (c)	NPM 1-Percent of women with a past year preventive medical visit
	Improve birth outcomes (r)	SPM 1-Percent of cesarean deliveries among low-risk first births
Perinatal/infant health	Decrease infant mortality (n)	NPM 3-Percent of VLBW infants born in a hospital with a Level III+ Neonatal Intensive Care Unit NPM 4-(a) Percent of infants who are ever breastfed and (b) Percent of infants breastfed exclusively through 6 months
Child health	Improve children health and wellbeing (r)	NPM 8-Percent of children ages 6 through 11 and adolescents ages 12 through 17 who are physically active at least 60 minutes per day SPM 2-Percent of children, ages 1 through 9, with a preventive medical visit in the past year
Adolescent health	Improve adolescent health and wellbeing (r)	NPM 10-Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year
Cross-cutting / Life Course	Improve WRA health and wellbeing Improve birth outcomes (r) Improve children health and wellbeing Improve adolescent health and wellbeing	NPM 13-(a) Percent of women who had dental visit during pregnancy and (b) Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

Children with Special Health Care Needs	Increase the number of CSHCN who receive regular ongoing comprehensive health care within a medical home (n)	NPM 11 - Percent of children with and without special health care needs having a medical home. NPM 12 - Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care.
	Increase the number of CSHCN aged 12 to 17 years who receive adequate support and services for their transition to adult health care (c)	

Accomplishments and Challenges by Population Domains
In this first year the accomplishments of Title V as measured by the Performance Measures and the Outcome Measures not only include the result of the MCAH Program strategies but also of those of the collaborators. The following includes accomplishments and challenges by population domains.

Women/Maternal Health: The 2014 VS data for PR reveals that 99.8% women who had a live birth in 2014 received PNC at any time during their gestation and eighty-five percent (85.4%) during their first trimester of pregnancy. The prevalence of neural tube defect has decreased from 16 per 10,000 live births in 1996 to 10.7 per 10,000 in 2014. Another accomplishment of the program is the establishment of the Hard Stop Policy for elective inductions as a requirement to all birthing hospitals in Puerto Rico in close collaboration with the Hospital Association.

The establishment of the Maternal Mortality Review Committee by law presents a great challenge but accomplishing it will provide the legal tools for the evaluation of data pertaining to maternal care in private Ob-Gyn offices needed for a complete review and establishment of protective strategies. The program will advocate that the Bill already developed be submitted to the Legislature for further consideration. An additional challenge for the program is to increase the promotion of the Preventive Health visits among Women in Reproductive Age (WRA), therefore impacting and improving their health status. Improving WRA preconceptive and interconceptive health status, lessens the incidence of chronic disease that complicate pregnancy and adversely affect birth outcomes and maternal health and morbidity.

Perinatal/Infant Health: The 2014 VS data presents 11.8% premature birth and a decrease in the percent of late preterm births (34 to 36 weeks gestation) from 12.7% in 2011 to 10.4%. From 2008 to 2012 there has been a 35.9% increase in subspecialized perinatal care services (34.3% IIIA and 2.9% IIIB) and during 2014 (VS) 69.1% of all VLBW were born at facilities adequately prepared to manage high-risk deliveries and neonates. Infant mortality (IM) has shown a marked reduction of 29.3% (9.9/1,000 vs. 7.0/1,000 live births) between 2000 and 2014. Analysis of ESMIPR (PRAMS like survey) 2012 data for breast feeding (BF) at 6 months after birth showed that the rate rose 40% (32.9%) compared to 2010 results (23.5%). In 2014, there were 79.6% of mothers practicing BF at the time of registering their babies (VS), a 14.9% increase, compared to 69.3% in 2011. The MCAH Program will continue to follow up and encourage birthing hospitals to comply with the requirements for the implementation of BF support and the steps toward a Baby Friendly Hospital Breastfeeding Program.

The development and establishment of the Fetal Infant Mortality Review Committee by law, presents a challenge but accomplishing it will provide the legal tools for the evaluation of data pertaining to fetal and infant mortality in the Ob-Gyn offices that contribute to the identification of protective and risk factors. The identification of these factors will improve the capacity to propose public policies and system changes geared to improve pregnancy outcomes and the survival of infants and fetuses.

Child Health: The MCAH Program updated and disseminated the Puerto Rico Pediatric Preventive Health Care Services Guidelines (PR PPHCSG) which have been adopted as public policy by the Department of Health and its use complies with the EPSDT requirements of CMS. Compliance with the guidelines is a challenge which will require awareness and empowerment of the families to follow the preventive visit schedule. Puerto Rico has had a decrease in the rate of emergency room visits due to all unintentional injuries among children aged 1 to 14 years from 14,803 in 2011 to 13,819.7/100,000 in 2014 and also decrease death rate, 1.1/100,000 in 2014 versus 3.1/100,000 in 2013. Decreased rate of deaths to children 14 years and younger caused by MV crashes from 2.1/100,000 in 2011 to 0.8 in 2014 has also occurred. Another accomplishment is a decrease in percent of children, ages 2 to 5, receiving WIC services with a BMI above the 85%, from 35.8% in 2011 to 28% in 2014. A decrease in the percent of children without health insurance from 9.2% in 2011 to 4.2% in 2014 has been observed.

Physical activity and nutrition are key aspects to child health and wellbeing. Since there are no data available on children physical activity in Puerto Rico the MCAH Program will need the collaboration of the PR BRFSS to obtain data via questions to parents in their survey. To achieve increased physical activity in the pediatric population the MCAH Program will require collaboration from different sectors such as the Department of Education, Department of Recreation and community based organizations, among others.

Adolescent Health: The Positive Youth Development is the leading strategy for youth health promotion and prevention of risk behaviors adopted since 2002 an incorporated to all initiatives related to adolescents. The strategy used to address teen suicide prevention is to provide life-skill tools to the adolescents emphasizing four areas: self-esteem, handling emotions, interpersonal relationships and conflict resolution. VS data shows a 20% decrease on the rate of birth (per 1,000) for teenagers aged 15 through

17, from 2013 (25.5) to 2014 (20.6). The rate (per 100,000) of suicide deaths among youths aged 15 through 19 decreased 42% between 2014 (1.9) and 2013 (3.0), according to VS data. The creation of the DOH Youth Advisory Council will include youths from diverse sectors, interest and orientations as active participants in the development of health policies.

The assessment of health status and wellbeing of adolescents require annual preventive visits with adequate screening including risk behaviors and physical activity. There are two challenges involved. One is to raise awareness among youth of the importance of annual preventive visits. The other is promoting youth friendly health services among providers.

Cross-cutting or Life Course: Preventive oral health was included in the DOH Pediatric Preventive Health Care Services Guidelines and the information has been disseminated to the HVP participants. CHWs have also emphasized the need for oral care in all the MCAH population through diverse community interventions. The oral health services are covered by the GHP, but a gap in services to pregnant women and young children is a challenge in accomplishing the goals of the program. It will require continue advocating for the inclusion of preventive oral health care of pregnant women and early childhood in the continuous medical education activities of dental health care providers at different forums. The participation on the PR Oral Health Alliance will enhance the programs effort to reach the service providers and the population.

CSHCN: The 2015 PR Survey-CSHCN is currently in progress. The CSHCN Program is coordinating and providing services through the Regional Pediatric Centers (RPCs) operating at different levels of service. APNI (Parent Training and Information Center) is financing the Service Coordinators for the Bayamón, Caguas, Mayaguez and Metropolitan Regions. CSHCN Program nurses at Arecibo, Fajardo and Ponce RPCs are providing service coordination. A collaborative agreement with the Lopez Family Foundation Telegenetics Clinic now provides access to two geneticists from the LA Children Hospital. The CSHCN Program and the DOE Special Education Program are working together to better coordinate services for CSHCN served by the two agencies. The Autism Center is now administered by the CSHCN Program to ensure the successful execution of plans and strategies that support the implementation of the PR Autism Law. A collaboration agreement was established with the PR Newborn Screening Program Laboratory to have a better capacity of tracking positive cases and arranging for referral and appropriate follow-up care in a timely manner. The CSHCN Program provided leadership in the approval of PR Law #192 (2014) which mandates newborn screening for CCHD.

There is a shortage of pediatric specialists. RPCs lack the necessary technological infrastructure for internet access and to support the electronic medical record and billing for the services provided. CSHCN Program's staff and capabilities for evaluation and data analysis are limited. New CSHCN workforce is being recruited mostly through contracts and to a lesser extent through temporary positions.

Closing Thought

The MCAH and CSHCN are essential public health programs that provide and advocate for services for over 46 percent of the population in Puerto Rico. In a society experiencing extreme socio-economic difficulties, the maximization of protective factors in three levels of action – health education, public policy and collaborative networks – is vital for the health and well-being of MCA populations and their families.